



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

05/10/02

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LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST

| | | | |
|---|-----------|----------|------------|
| NAME(Last) | (First) | (Middle) | TELEPHONE |
| ABLES | PAUL | | 521-7233 |
| MAILING ADDRESS (Street) | (City) | (State) | (Zip Code) |
| 1001 Bishop Street, Ste. 2495 American Savings Bank Tower | Honolulu | HI | 96813 |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) | TELEPHONE | | |
| MAILING ADDRESS (Street) | (City) | (State) | (Zip Code) |

PART II ORGANIZATION

| | |
|--|---------------------------|
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | TELEPHONE |
| Hawaii Insurers Council | 521-7233 |
| MAILING ADDRESS (Street) | (City) (State) (Zip Code) |
| 1001 Bishop St., Ste. 2495 American Savings Bank Tower | Honolulu HI 96813 |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | TELEPHONE |
| Alison Powers | 521-7233 |
| MAILING ADDRESS (Street) | (City) (State) (Zip Code) |
| 1001 Bishop St., Ste. 2495 American Savings Bank Tower | Honolulu HI 96813 |

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input checked="" type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy, Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | Property/casualty insurance |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

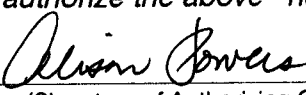


(Signature of Lobbyist)

12/19/02

(Date)

PART V AUTHORIZATION TO LOBBY

| | |
|--|--|
| NAME | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED |
| Alison Powers | Executive Director |
| NAME OF ORGANIZATION (if applicable) | TELEPHONE |
| Hawaii Insurers Council | 521-7233 |
| MAILING ADDRESS (Street) | (City) (State) (Zip Code) |
| 1001 Bishop St., Ste. 2495 American Savings Bank Tower | Honolulu HI 96813 |
| I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned. | |
|  | 12/19/02 |
| (Signature of Authorizing Officer or Person Represented) | (Date) |